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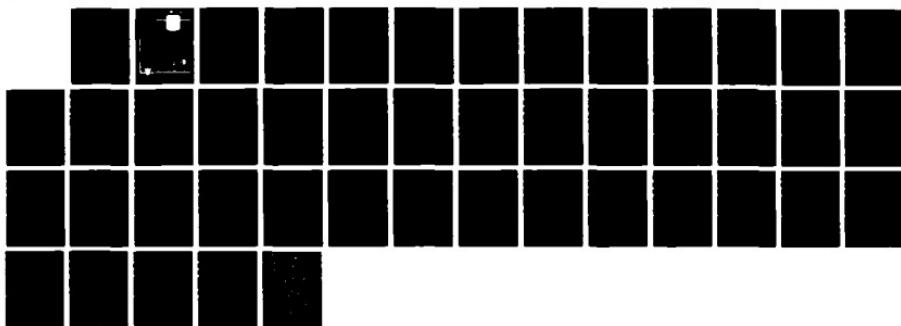
DRUG ABUSE IN THE MILITARY IMPACTS NATIONAL SECURITY  
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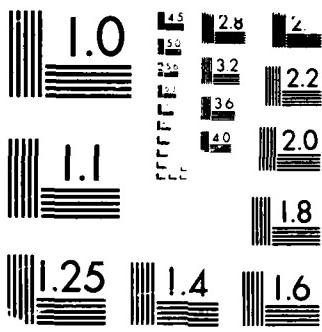
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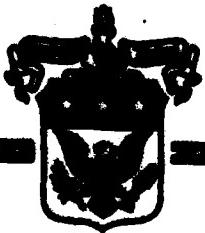
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DRUG ABUSE IN THE MILITARY IMPACTS NATIONAL SECURITY  
BY  
DOROTHINE MURPHY, DAC

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many required military functions. It impairs memory, accuracy, coordination, and judgement. Drug and alcohol abuse also causes loss of work productivity, inefficiency, various illnesses, and even death. These impairments and deficiencies affect military training, troop morale, and military readiness. The urinalysis testing program has resulted in significant reductions in the military drug abuse problem. However, there is also a problem in the civilian workforce of DOD. DOD has identified some critical civilian positions that affect our national security and has said that these positions are subject to urinalysis testing. The testing of civilians in critical positions and of new armed forces recruits will continue to reduce the percent of drug abuse in the military. This will cause an increase in the productive uses of resources and military readiness, hence, national security will be enhanced.

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DRUG ABUSE IN THE MILITARY IMPACTS NATIONAL SECURITY  
AN INDIVIDUAL STUDY PROJECT

by

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Project Adviser

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U.S. Army War College  
Carlisle Barracks, Pennsylvania 17013  
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## ABSTRACT

AUTHOR: Dorotheine Murphy, DAC

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Drug abuse has an impact on national security. Both Presidents Nixon and Reagan made it clear that the drug problem is a threat to our national security. President Nixon initiated a drug counteroffensive program in 1971. President Reagan developed a National Strategy for Prevention of Drug Abuse and Drug Trafficking in 1984 and has continued to fight the war against drug abuse. The Department of Defense (DOD) has directed military departments to give this problem priority. Drug and alcohol abuse inhibits performance in many required military functions. It impairs memory, accuracy, coordination, and judgement. Drug and alcohol abuse also causes loss of work productivity, inefficiency, various illnesses, and even death. These impairments and deficiencies affect military training, troop morale, and military readiness. The urinalysis testing program has resulted in significant reductions in the military drug abuse problem. However, there is also a problem in the civilian workforce of DOD. DOD has identified some critical civilian positions that affect our national security and has said that these positions are subject to urinalysis testing. The testing of civilians in critical positions and of new armed forces recruits will continue to reduce the percent of drug abuse in the military. This will cause an increase in the productive uses of resources and military readiness, hence, national security will be enhanced.

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DRUG ABUSE IN THE MILITARY IMPACTS NATIONAL SECURITY  
CHAPTER I

INTRODUCTION

Since the early 60's the illicit use of psycho-active drugs has increased significantly among certain segments of American society, particularly with those segments which contain high proportions of youth. Although epidemics of drug use are not new in this country, the recent rates of illicit use among high school and college-age youth have been unprecedented. No longer is illicit use confined to lower-class youths of the inner city; it has spread up through the socio-economic strata, out into the suburbs, and onto military posts. 1/

Drug abuse increased markedly among Armed Forces personnel during the late sixties and early seventies. Case investigations for narcotics abuse increased five-fold between 1968 and 1970 and case investigations for all other illicit drug use, excluding marijuana, rose 14-fold during the same period. A sharp increase in hospitalizations for drug psychoses, drug addiction, and improper use of drugs was noted among Navy and Marine Corps personnel during 1968 and 1969. 2/

During 1971 there were about 225,000 Army and Air Force personnel in Europe. In November 1971, the true extent of the drug problem among these personnel had not been determined. However, several months earlier, the Army's Deputy Chief of Staff for Personnel (Europe) stated that

"drug abuse...has reached very serious proportions and can be described as a crisis...and...if things continue as they are the possibilities of lowering our combat readiness are apparent." 3/

In 1981, a decade after that statement was made, Brigadier General William C. Louisell, the Pentagon's top drug expert said "It is clear that drug and alcohol abuse is a serious problem that impacts on our people and affects readiness" . 4/

Drug abuse still is and has been a particular concern for the Military for over 25 years. A tremendous effort has been made to contain the drug problem. Many studies have been done to analyze and evaluate drug abuse in the military. Several counteroffensive programs have been created and each military service has its own comprehensive drug abuse program. The urinalysis testing program and improved recruiting guidelines are also tools being used to curtail the illegal use of drugs by military personnel. Although these efforts have resulted in progress toward solving the problem, the war against drug abuse in the military is still ongoing.

#### ENDNOTES

1. Royer F. Cook, et al., "An Assessment of Drug Education-Prevention Programs in the U.S. Army," U.S. Army Research Institute for the Behavior and Social Sciences, January 1975, p. 1.
2. D. Kolb, M.S.W., et al., "Pre-Service Drug Abuse as a Predictor of In-Service Drug Abuse and Military Performance," Naval Health Research Center, 1975, p. 104.

3. Comptroller General of the United States, Drug Abuse Control Program Activities in Europe, p. 1.

4. "Drug Users-1 in 3 In U.S. Military," U.S. News and World Report, 29 June 1981, p. 10.

## CHAPTER II

### RESULTS OF SURVEYS AND STUDIES

Various surveys of drug use in the armed services have indicated that sizable proportions of military personnel have used psychoactive drugs. A 1971 DOD survey of drug use was done by the Human Resource Organization using a sample of 8,643 Army enlistees. The results of the study showed that during a 12 month period, 42.7 percent of the subjects used marijuana; 29.4 percent used other psychedelic drugs; 28 percent used stimulants and 20.1 percent used narcotics. 1/ Although the precise effects of these drugs on physiological functions were not known at the time, there was legitimate cause for concern regarding the potential impact of drug use on troop morale and combat readiness. 2/ This concern was the cornerstone for many future surveys and studies.

Kolb and others published results of a survey in 1975 that related pre-service drug use to later drug histories, attitude patterns, and military performances. The subjects were Navy enlisted men admitted to a drug rehabilitation program. The primary objective was to test the hypothesis that pre-service drug abuse was predictive of heavy in-service drug involvement and military ineffectiveness. 3/

Subjects in the study were 903 Navy enlisted men who were admitted to the Naval Drug Rehabilitation Center between July 1971 and November 1972. Subjects were typically in the lower pay grades, 20-22 years of age, and 88% of the subjects were Caucasian. The average score for the sample on the Armed Forces Qualification Test was 56, which was slightly below the average for Navy enlisted men. Most subjects had entered service at age 18

and served two years in the Navy, including one tour of duty in Southeast Asia. The majority of subjects had used multiple drugs for approximately two to three years. 4/

Comprehensive histories of illicit drug use were obtained for all subjects. Specific drugs used, earliest ages of use, maximum rates of use, rates of use two months prior to entering the center, and methods of drug administration were recorded. Pre-service drug involvement was examined for six types of drugs - cannabis, hallucinogens, opiates, stimulants, hypnotics, and cocaine. Subscores were derived for each drug, based upon the product of a severity-of-risk weight for a particular drug and a weight based upon the age at which the drug was first used. Subjects starting use of a specific drug at age 17 or older received a weight or value of 1 for the age factor; for subjects starting use of the drug before age 17, weights increased as age decreased. For example, if an individual started using hallucinogens at age 15, he would receive a pre-service score of 2 (weight for hallucinogens) times 3 (weight for age 15), or 6. Subscores for each drug were then summed to provide overall pre-service drug involvement scores. Using this scoring procedure, 435 subjects were found to have some degree of drug involvement prior to entering the Service. From the distribution of total scores, four groups of pre-service drug involvement were defined: Group 2 - Light Involvement (n= 120); Group 3 - Moderate Involvement (n= 119); Group 4 - Heavy involvement (n= 123); and Group 5 - Very Heavy Involvement (n=73). The remainder of the sample was designated Group 1, the pre-service non-user group (n=468). 5/

The results of the study showed an inverse correlation between degree of pre-service drug use and pay grade achieved. A high proportion (69 percent) of the Very Heavy drug group failed to attain Seaman (E-3)

status. Only 19 percent of the Very Heavy user group who had served 12 months or less, had achieved a pay grade of E-3 or above, as opposed to 31 percent of the individuals in the other drug use categories. The difference was even more marked for men who had been in the service for one to two years. 38 percent of the Very Heavy use group achieved E-3 status, as compared with 71 percent of all others. Finally, of men who had served more than two years, only 71 percent of the Very Heavy pre-service users achieved E-3 pay grade status or higher. This compare with 96 percent of the men in other categories. 6/

Percentages of men incurring disciplinary offenses during the first year of enlistment increased as the degree of pre-service drug involvement increased. While only eight percent of the non-user group incurred one or more offenses during the first six months, 46 percent of the Very Heavy group did so. 7/

Health records were reviewed and sick call entries were tabulated for all groups by six month intervals. When the number of self-reported symptoms was correlated with pre-service drug involvement scores, the results indicated that heavy pre-service drug abusers tended to experience more health problems than individuals with little or no pre-service drug involvement. 8/

The likelihood of using heroin increased with the degree of pre-service involvement. Only 49 percent of the pre-service non-users ever used heroin as compared with 75 percent of the Very Heavy groups. Further analysis revealed that pre-service heroin use played an important role in later in-service heroin use. Only 80 (9 percent) of the total sample had used heroin prior to entering the Service, but 70 percent of the 80 cases

reported using heroin during the two months prior to entering the Rehabilitation Program. 9/

Of the pre-service non-user's who subsequently used heroin, a large proportion (73 percent) had served in Vietnam where pure heroin was very cheap and very easy to obtain. Of the Very Heavy drug group who used heroin, only 31 percent had ever served in Vietnam. 10/

In this study, men who used illicit drugs heavily before entering the Service tended to get into difficulty for drug use early in their Navy careers. Prior to entering the drug exemption program, they had failed to advance as rapidly as pre-service non-users or light users, and they had accumulated more disciplinary offenses. Their military careers were too short to permit evaluation of enlisted performance marks, but it seems clear from other indicators that pre-service drug abuse was associated with ineffective military performance. It also seems noteworthy that more of the Very Heavy pre-service users were discharged from Service specifically for "drug abuse" (54 percent) than men in lesser categories of pre-service drug use (42 percent to 46 percent).

Pre-service drug use was predictive of in-service use of barbiturates and cocaine, as well as heroin by injection. These findings indicate that early (pre-service) participation in a drug oriented subculture has a profound effect on later drug involvement in the military service. 11/

The survey results indicated that pre-service drug use was also associated with an active role of initiating peers into drug use. This suggests more serious consequences of ignoring pre-service drug histories than merely risking future ineffective performance of the individuals concerned. 12/

This study supported the hypothesis that pre-service drug abuse predicts in-service drug involvement, and that heavy pre-service drug use is incompatible with later military effectiveness. 13/ It also supported the premise of screening incoming volunteers more intensively.

Results of a similar study was published in 1978 by Rothberg and Chloupek. Their study evaluated the military performance of soldiers who were identified by the Army's urine screening program as having used drugs at the time of reporting for active duty. The study followed the first two military career years of urinalysis positive (U+) soldiers who entered the Army during mid 1972 through mid 1973 (FY73). For comparative purposes, a random sample of non-positive (U-) soldiers were drawn from the same reception stations at the same time. The study addressed the consequences for the individual of having a positive urine for some drug when coming into the Army; and the consequences for the Army of knowing about a urine that was positive for some drug at entry into the service. The consequences to be considered were the changes in the probabilities of having a trouble free career as defined by: a) remaining on active duty, b) staying out of the hospital, and c) being promoted and reassigned. 14/

During the period of the study every soldier was required to have his urine screened for the presence of amphetamines, barbiturates, codeine, methadone or opiates at the Army reception station. This screening occurred within the first two days of his Army Service. If the results were positive, he was interviewed by medical personnel. The soldiers who were judged to be not drug dependent continued their military service. Soldiers who were possibly drug dependent were admitted to the neuropsychiatric service for evaluation of the extent of their dependence. If they were dependent, they were separated as "not meeting the medical

fitness standards at time of entry. These separated soldiers along with all others with medical and non-medical separations, were included in the study. 15/

The subjects consisted of 1,697 U+ soldiers and 2,434 U- soldiers. These were all of the positive urines and a sample of the negative urines from the population of about 100,000 soldiers who passed through the reception stations during this time. 16/

Both groups of soldiers were of the same age and similar Armed Forces Qualification Test (AFQT) category distribution. The U+ individuals were somewhat more likely to be non-caucasian, to have come from one of the eight most populous states, to have been drafted, and slightly less likely to have been a high school graduate. Non-caucasians represented 26.2 percent of the U+ group and only 17.6 percent of the U- group. The U+ group included 62.5 percent of soldiers from the eight most populous states (i.e., California, New York, Pennsylvania, Michigan, Texas, Illinois, Ohio and New Jersey) as opposed to 55 percent in the U- group.

The results established that the urine screening procedures did, in fact, identify two groups whose performance differed over a 24 month period. The U+ group encountered 4.3 percent separations due to drug abuse while the U- group had only 2 percent separations. The number of hospitalization episodes and the number of hospital bed days were greater for the U+ cohort. The U+ group had 37.6 percent more hospital episodes than the U- group and 18.3 percent more hospital days. The U+ soldiers were less likely to be promoted beyond E-3. Over the 24 month period 46.6 percent of the U+ group remained in grades of E-3 or below as compared to 35 percent of the U- group. 17/

The results of this study demonstrates that a drug positive urine does have predictive power with regard to the chances of an individual remaining on active duty, staying out of the hospital, being promoted and being reassigned. In other words, the study points out that illicit drug use does affect the performance of soldiers.

Both the Kolb study and the Rothberg study support in-depth screening of personal background characteristics and drug histories as a means of reducing in-service drug problems and maintaining performance standards.

#### ENDNOTES

1. Royer F. Cook, et al., "An Assessment of Drug Education-Prevention Programs in the U.S. Army," U.S. Army Research Institute For The Behavior and Social Sciences, January 1975, p. 1.
2. Ibid.
3. D. Kolb, M.S.W., et al., "Pre-Service Drug Abuse as a Predictor of In-Service Drug Abuse and Military Performance," Naval Health Research Center, 1975, p. 104.
4. Ibid.
5. Ibid., p. 105.
6. Ibid., p. 106.
7. Ibid., pp. 105-106.
8. Ibid., p. 106.
9. Ibid.
10. Ibid.
11. Ibid., p. 107.
12. Ibid.

13. Ibid.
14. Joseph M. Rothberg, PHD and Robert J. Chloupek, MD, MPH, "A Longitudinal Study of Military Performance Subsequent to Civilian Drug Use," American Journal of Public Health, August 1978, p. 743.
15. Ibid., p. 744.
16. Ibid.
17. Ibid., p. 746.

## CHAPTER III

### POPULAR ABUSED DRUGS AND THEIR AFFECTS

Illegal drugs are prohibited in the armed forces, however, in a June 1981 issue of U.S. News World Report, the Pentagon estimated that 36 percent of military personnel use marijuana or other illegal drugs; that the heaviest use reported was in the junior grades; and that twenty-one percent of junior enlisted personnel reported illegal drugs caused some impairment in their ability to do their jobs. Many said they reported for duty late or were "high" while working. Thirty-one percent said their functioning was impaired by alcohol. 1/ Of the junior enlisted grade personnel, 37 percent admitted using marijuana, 9 percent amphetamines and 7 percent cocaine in the 30 days prior to the survey. 2/

Although many drugs are being abused, it appears that marijuana and alcohol abuse are two big concerns for the military. The problem with marijuana is that the principal psychoactive component, THC (tetrahydrocannabinol), has a powerful affinity for fat. Because the membranes of brain cells have fatty tissues, the brain is one of the prime areas of concentration within the body. It has been demonstrated that THC inhibits performance in driving and other complex functions and is therefore dangerous to the military. 3/

Further, studies show that Marijuana use seriously impairs memory. People who are "high" speak in a disjointed manner and are unable to complete sentences. Marijuana has a particularly serious impact on the transfer of short-term to long-term memory, thus interfering with the

central process of learning, including military instruction. It impairs the capacity for personal judgement, in particular, value judgements. Depending on the individual and the dose, it may result in psychotic episodes, including hallucinations and delusions. 4/

Marijuana alters ones sense of time so that minutes may seem like hours. Balance and stability are impaired even with low doses, as are the complex behaviors (perception, information processing) involved in driving and flying. 5/

Heavy users of marijuana show progressively less concern about their appearance and personal hygiene. They also lose the motivation to engage in athletics and jogging and other activities to keep them physically fit. Resistance to authority, and therefore a breakdown in discipline, also often goes with chronic marijuana use. 6/

Unlike marijuana, alcoholism can cause an individual to develop various fatal diseases. Alcoholism is the number three cause of death in this country, after heart disease and cancer, and the life expectancy of alcoholics is 10 to 12 years lower than that of the general public. Too much drinking can lead to pancreatitis, cirrhosis, heart failure, gastritis, ulcers, and neuritis; it has been implicated in the geneses of cancer of the mouth, pharynx, esophagus, and liver. Alcoholism diminishes memory, accuracy, and muscular coordination. During pregnancy it may impair fetal development and cause mental retardation. 7/

Alcohol use is highest among higher ranking officers (grades 04-06). Of those officers, a 1984 survey showed that 92 percent reported some use of alcohol in the last 30 days prior to the survey. 38 percent reported using alcohol on more than a third of those days. 13 percent reported an average daily consumption of 4 or more drinks, and 19% reported "loss of

"work productivity" at some time during the past year prior to the survey as a result of consuming alcohol. 8/

In a 1985 study, 27 percent of military personnel said their productivity had been impaired in some way by alcohol. 9/ Alcohol abuse can lead to quarrels with coworkers, to sloppy performance and absenteeism, and to negligent handling of dangerous machinery. 10/ A 1976 GAO study found that alcohol abuse impairs the effectiveness and efficiency of military performance more than illegal drug use. 11/

A private research organization did a study on drinking practices and problems in the Army based on questionnaires sent to 9,910 personnel and completed in December 1972, that showed:

1. Army duty time lost in 1972 because of drinking was estimated to be about 2,200 staff-years and the cost was estimated to be about \$17 million in pay and allowances alone.
2. Enlisted personnel had a higher rate of heavy drinking and related difficulties (personal relationship, health, job and financial problems) than did comparable civilians, and officers drank slightly more, but had slightly fewer difficulties, than civilians of the same age.
3. Drinking was more prevalent overseas: More enlisted personnel abused alcohol in Europe and Korea than in the Continental United States. 12/

In March 1975 the Navy issued a report on drinking problems which was based on questionnaires sent to 9,508 Navy personnel. This study showed that:

15.6 percent of the enlisted women and 24.3 percent of the enlisted men reported at least some lost work time or inefficiency at work during the 6 months preceding the study because of drinking or its after effects. The percentages for officers were 17.5 for females and 17.7 for males. 13/

Navy Medical Neuropsychiatric Research Unit, San Diego, California, estimated that the Navy loses about \$52 million annually from absenteeism, decreased efficiency, and poor decision making due to drinking. 14/

Alcohol has also been found to cause impairment. A far greater number of individuals have one, two, or more drinks either daily or periodically. Intoxication is not the only problem, however. Social drinkers, while sober, demonstrate impaired performance on tests of concept formation, abstracting, and adaptive abilities. The impairment appears to be a factor of recent consumption rather than of lifetime use. 15/

Heroin, a highly addictive narcotic, can also be very lethal. An injection of an overdose of heroin can cause death due to paralysis of the breathing center. Heroin dulls sensation and reduces memory and the significance of stimuli. For these reasons it decreases pain and may produce sleep or a dreamlike state. Heroin causes the pupils of the eyes

to contract and slows breathing, heart rate, and gastrointestinal activity. 16/

Heroin is a highly addictive narcotic that concerned medical authorities during 1968 and 1969 because of the alarming increase in heroin-related deaths among military personnel in Southeast Asia. 17/

Among U.S. military personnel in Vietnam, heroin use increased dramatically in 1970 when pure heroin became easily available. By mid 1971, 42 percent of Army enlisted men had experimented with heroin, and about half of these had become physically dependent at some point.

18/

Another popular illegal drug especially among military personnel in the late sixties was hashish. Although all types of illegal drugs were available in Europe, hashish was the drug reported most frequently used by military personnel. Its source was nearby--in certain Mediterranean and Middle Eastern countries. Hashish was readily available at a price sufficiently low to encourage widespread use. An Air Force official said that hashish was so common that he believed that there were no longer any big pushers; instead everyone seemed to be able to obtain hashish from his friends, and even from the kid next door. 19/

Hashish is a hallucinogenic drug. It is closely related to marijuana, but more potent. This drug can induce a broad spectrum of mental changes, depending on the personality of the user, the setting in which the drug is consumed, and the expectations of the user. Most frequently, users describe a dreamlike fantasy. Hashish use causes time and space distortions to occur. Anxiety and panic may also occur, but a feeling of euphoria is more frequently reported. Heavy use of hashish is considered detrimental. Apathy, loss of ability to think logically, and occasionally

bizarre behavior have been frequently described as characteristic of habitual users. 20/

The impact on Military personnel involved in drug and alcohol abuse can be tragic and can range from administrative discharge to court martial, hospitalization, and, of course, even death. These impacts on the individual have corresponding affects on the command in terms of resources, morale, and unit effectiveness. 21/

A very high percentage of military personnel who have received administrative discharges were drug abusers. During calendar year 1971, large numbers of military personnel were administratively discharged. Although relatively few received undesirable discharges (which would make them ineligible for Veterans Administration(VA) medical treatment), their report of Transfer or Discharge (DD form 214), given at the time of separation, bore a code meaning that drug abuse was the reason for separation. 22/ Administrative discharges for drug abuse rose from about 5,000 in calendar year 1970 to almost 9,000 in calendar year 1971. Of the 9,000 administrative discharges in 1971, 65 percent were Navy, 19 percent were Marine Corps, 12 percent were Army, and 4 percent were from the Air Force. 23/ In 1971, Yager and others did a study on 280 soldiers who were scheduled for administrative discharge as unsuitable or unfit for further military service. Of the 280 soldiers, 207 (74%) reported heavy use of atleast one drug. 24/

As early as World War II, soldiers were receiving court martials and discharges because of drug abuse. One well known court martial case is the Lester Young case in 1944. Young told authorities at his induction interview that he had used marijuana continuously for 11 years. The Army being accustomed to hearing tall tales from draft-shy inductees, inducted

Young into the Army anyway. On January 1, 1945, Young was injured while running an obstacle course and was sent to the base hospital. While Young was in the hospital, he was diagnosed as being in a "constitutional psychopathic state manifested by drug addiction (marijuana, barbiturates), chronic alcoholism, and nomadism." On February 1, 1945 Young was arrested for wrongful "possession of habit forming drugs, about one ounce of marijuana and about one ounce of barbiturates." Young was found guilty and sentenced. He was given a dishonorable discharge following a year in the U.S. disciplinary barracks at Fort. Gordon Georgia. 25/

The most dramatic consequences of drugs and alcohol in the military are the casualty statistics. During 1981 more than half of the 853 military fatalities, and more than 4000 injuries suffered in training, such as practice parachute jumps, were clearly related to drugs and alcohol. Those figures may actually underestimate the problem, since roadside tests are not yet available to detect driving under the influence of marijuana and other drugs. The cost to the services of such accidents was estimated at \$110 million to \$150 million per year in manpower and material resources. 26/

In 1982, a landing Marine Corps EA6B aircraft hit the Nimitz island, killing several people, destroying or damaging a number of aircraft. Subsequent urinalysis ordered by a board of inquiry, established that "several" of the killed and injured on the deck at the time-though none on the aircraft had "used" marijuana within the previous two weeks. Since the Nimitz had been at sea for a week prior to the accident, conclusion was that those sailors had taken the drug while at port. In the last few years , since the Nimitz incident, particular attention has been paid to the critical issue of drug and alcohol abuse in the military. Eliminating drug

abuse is a high DOD priority inasmuch as its very presence directly impacts military readiness and, therefore, the national security. 27/

As in the Nimitz incident, decisions made under impaired judgment could have serious effects, especially where nuclear weapons are concerned. Several journalistic accounts have been reported concerning frequent drug abuse by military personnel who were in sensitive geographic locations or who had access to nuclear weapons. A study done in 1972 suggested that between 0.4% and 8% of the personnel in various military units used drugs each day. Another analyst reported:

According to Congressional testimony 3,647 persons with access to nuclear weapons were removed from their jobs during a single year because of mental illness, alcoholism, drug abuse or discipline problems. During 1972 and 1973, 20% of the discharges were due to drug abuse...When in 1969, a Cuban defector brought a MIG plane through radar defenses and landed in Florida, the subsequent investigation led to the arrest of the 35 men assigned to the Nike-Hercules missile crews. The men were charged with using, among other things, LSD.

28/

A problem could exists for relatively junior military officers who would be likely to have access to tactical and theater nuclear weapons in the event of a severe political or military crisis. There are many officers with possible access to these weapons, who would have to act under conditions of stress, short decision time, high threat, and poor

information. If, in addition, these officers operated under the influence of common psychoactive drugs, the chance of serious error is magnified.

29/

#### ENDNOTES

1. "Drug Users-1 in 3 In U.S. Military," U.S. News and World Report, 29 June 1981, p. 10.
2. Ibid.
3. David Martin, "Victory on the High Seas: The U.S. Navy is Winning its War Against Drugs," Policy Review, Spring 1984, p. 72.
4. Ibid.
5. "Marijuana," Encyclopedia Americana, Vol. 18, p. 318.
6. Martin, p.72.
7. Sylvia Danovitch, "The New Temperance Movement-Americans Get Ground Rules For Drinking," Policy Review, Spring 1984, p. 58.
8. Roy Lubit and Bruce Russett, "The Effects of Drugs on Decision Making," Journal of Conflict Resolution, March 1984, p. 98.
9. "The Military Says "No"," Newsweek, 10 November 1986, p. 26.
10. Danovitch, p. 58.
11. Comptroller General of the United States, Alcohol Abuse is More Prevalent in the Military than Drug Abuse, DOD 1976, p. 1.
12. Ibid., pp. 12-13.
13. Ibid., p. 15.
14. Ibid.
15. Roy Lubit and Bruce Russett, p. 89.
16. "Heroin," Encyclopedia Americana, Vol. 14, pp. 149-150.

17. D. Kolb, M.S.W., et al., "Pre-Service Drug Abuse as a Predictor of In-Service Drug Abuse and Military Performance," Naval Health Research Center, 1975, p.104.
18. "Drug Abuse and Drug Addiction," Encyclopedia Americana, Vol. 9. p. 412.
19. Comptroller General of the United States, Drug Abuse Control Program Activities in Europe, DOD, 1972, p. 2.
20. "Hashish," Encyclopedia American, Vol. 13, p. 843.
21. William H. Fitts, BG, The Army Alcohol and Drug Abuse Prevention and Control Program, May 1978, p. 4.
22. Comptroller General of the United States, Drug Abuse Control Activities Affecting Military Personnel, p.3.
23. Ibid., pp. 41-42.
24. Joel Yager, et al., "Flashbacks Among Soldiers Discharged as Unfit Who Abused More Than One Drug," American Journal of Psychiatry, 7 July 1983, p. 857.
25. John McDonough, "The Court Martial of Lester Young," Down Beat, January 1981, pp. 17-19.
26. Martin, p. 72.
27. Mark J. Robertson, "A View of the 1984 Strategy For Prevention of Drug Abuse, Government Executive, May 1985, p. 26.
28. Roy Lubit and Bruce Russett, p. 98.
29. Ibid.,p. 87.

## CHAPTER IV

### PAST AND CURRENT EFFORTS

#### PRESIDENTIAL ADMINISTRATIONS

As early as 1971, Former President Nixon identified drug abuse as one of the most serious problems facing both the military and civilian segments of American society. In an effort to contain the spreading drug problem, Nixon announced his drug counteroffensive program on June 17, 1971. He issued Executive Order 11599 that established a Special Action Office for Drug Abuse Prevention within the Executive Office of the President. It was designed to conduct a coordinated national attack on the drug problem. 1/

In response to Nixon's counteroffensive program, his Secretary of Defense directed the Secretaries of the military departments to give urgent, priority attention to developing plans designed to meet the problem of heroin use among members of the Armed Forces in Vietnam. 2/ The Services' plans were expected to immediately insure service members in Vietnam, soon thereafter those members in other Southeast Asia areas, and later worldwide that:

1. Narcotics users and addicts would be identified.
2. Those identified would undergo a 5 to 7 day detoxification treatment prior to their return to the United States.

3. Those whose terms of service were expiring, but who needed and desired treatment, would be provided the opportunity for a minimum of 30 days of treatment in U.S. Military facilities when Veterans Administration (VA) or civilian programs were not available.

4. Those with time remaining in service would insofar as possible be treated in military programs in the U.S. and would be afforded the opportunity for rehabilitation. 3/

The Reagan Administration, like Nixon but unlike Carter and Ford, made drug abuse a top priority. During his first year in office, President Reagan said "we're rejecting the helpless attitude that drug abuse is so rampant that we're defenseless to do anything about it. We're taking down the surrender flag that has flown over so many drug efforts; we're running up a battle flag. We can fight the drug problem, and we can win". 4/

To add more ammunition to the "fight", in the latter part of 1984 President Reagan sent to Congress his 1984 National Strategy for Prevention of Drug Abuse and Drug Trafficking. The strategy called for the successful implementation of a five-point plan:

1. Drug abuse prevention
2. Drug law enforcement
3. International cooperation to control narcotics
4. Medical detoxification and treatment
5. Research 5/

In accordance with this strategy, Reagan signed a classified directive on April 8, 1986 that permits U.S. Military aircraft to transport foreign police. It also authorizes military officials to cooperate in planning anti-drug efforts involving other nations. Responding to the directive, Vice President Bush said, "For the first time, the U.S. government specifically states that the international drug trade is a national security concern". Bush, who coordinates the national fight against drug smuggling, released a declassified version of the National Security Decision Directive on June 7, 1986. 6/

A summary of the directive provided by the Vice President's office lists several features with military implications:

1. A supporting counter-narcotics effort, which reportedly includes the involvement of U.S. military personnel in planning anti-drug efforts with other nations and the use of U.S. military aircraft to transport foreign police under tightly restricted conditions.
2. Foreign assistance planning, which calls for "full consideration" of drug control operations when putting together aid packages with other nations.
3. "Greater participation by the U.S. Intelligence community in support efforts to counter drug trafficking" 7/

Vice President Bush said there is "a very real link" between drug smugglers and terrorists and charged that the drug world threatens to destabilize democracies by corrupting police and judges. During a speech in Houston, Bush said "the narcotics threat - primarily a health and welfare issue in the 60s, evolving into a civil and corruption issue in the 70s - is now recognized as a national security concern." 8/

#### THE MILITARY SERVICES

The Military Services have also instituted programs to crack down on drug and alcohol abuse. Vast amounts of money, manpower, and effort have been poured into investigations of problems related to drug abuse within the United States Military. 9/ The Pentagon spends 100 million dollars a year and has 3,900 persons involved full time in its campaign against drug and alcohol abuse. One new Navy measure is the creation of 50 drug-detection teams that use dogs to sniff out dope that has been smuggled aboard ships. 10/ Because of the concern regarding the potential impact of drug abuse on troop morale and combat readiness, the Army initiated a comprehensive program to prevent and control the abuse. The functional areas of the program are prevention, identification, detoxification, rehabilitation, evaluation and research. Prevention of drug abuse through education and training has been a major feature of this program. Since 1971 drug education and training programs have been launched throughout the army to educate troops about the dynamics and consequences of drug abuse, and to educate leaders and key individuals (drug program staff, psychiatrists, chaplains, etc) who must cope with the problem. 11/

The military's war against drug abuse brought about the initiation of the urinalysis testing program in 1982. Since the military's drug testing program, there has been significant reductions in marijuana use among military personnel. The most recent worldwide survey of junior enlisted personnel shows a 40% overall reduction in drug use . This program owes its success to the vigilance of those who have carefully nurtured it along the way. It has evolved from a highly controversial program into one which is legally sufficient and highly successful. 12/

Beginning in June 1988, the armed forces will be required to test all recruits for marijuana and cocaine abuse before they enter the service.

13/ The requirement that recruits be tested for drug abuse before they are sworn in was voted by congress in an amendment to a military authorization bill that President Reagan signed on December 4, 1987. This requirement will be added to an already pervasive program of random urinalysis testing after they join the Services. The amendment was submitted by Senator Ernest F. Hollings, who asserted that "a drug-screening program is logical and long overdue", and that "the time to start catching the users is before they join the armed forces, when the government has no obligation to them." 14/ This will avoid incidents such as the 1944 Lester Young case. Lester Young was unfit for military service and the Army knew it when he was inducted. If Young was to be held accountable for his behavior, then the Army was no less responsible for inducting a man who was medically and emotionally unsuited to be a soldier. That act of bureaucratic ineptitude served neither the Army nor the public interest. The Army's system of screening and classification clearly and tragically failed in the Lester Young case. 15/ Pre-service urine testing of

recruits, along with today's substantially improved recruiting guidelines will reduce chances of future similar cases.

Under current drug regulations in the armed services, an enlisted person found to have used drugs illegally may be given a second chance and allowed to stay in the service on probation. But an officer or a non-commissioned officer, if caught once, is dismissed. Recruits are warned when they enter the service that the rules against drug abuse are strictly enforced and that the consequences of violating the rules are immediate.

16/

Drug testing has been opposed by some DOD personnel who contend that drug use in the all-volunteer armed services is kept far below civilian levels by existing programs. Some DOD personnel also object to the cost of the new tests at a time when the military budget is being cut. When the new bill was signed, no estimates of what the new drug testing program would cost had been made, but the cost is expected to run into "multimillion dollars." 17/ Others opposed the law because (1) they feel it would do little to fight the illegal use of drugs and; (2) it would be relatively easy to foil most drug tests by abstaining for a short time. 18/

#### THE CIVILIAN WORKFORCE

The civilian role in maintaining national security is also affected by drug abuse. DOD Directive 1010.9 titled DOD Civilian Employees Drug Abuse Testing Program was issued in April 1985. This directive authorizes DOD components to establish urinalysis drug - detection programs to determine fitness for appointment to or retention in critical positions.

DOD Directive 1010.9 defines duty positions subject to urinalysis

testing as those "sufficiently critical to the DOD mission or protection of public safety that screening to detect the presence of drugs is warranted as a job-related requirement." Such positions, it states, are in occupational fields related to law enforcement, internal security, and national security. 19/

In March 1986, the National Federation of Federal Employees filed a civil action in federal court challenging the constitutionality of the urinalysis drug detection program. The outcome of this case, now before the U.S. Court of Appeals, will cast the fate of civilian employee urinalysis drug-detection programs throughout the government. 20/

The service asserts that its program identifies persons whose drug abuse could hamper or disrupt operations, and therefore serves national security interests which outweigh the individuals' Fourth Amendment guarantees. 21/

President Reagan issued an "Executive Order for a Drug Free Federal Workplace" on September 15, 1986. Following are excerpts:

Drug use is having serious adverse effects upon a significant proportion of the national work force and results in billions of dollars of lost productivity each year.

The Federal Government, as an employer, is concerned with the well-being of its employees, the successful accomplishment of agency missions, and the need to maintain employee productivity.

The use of illegal drugs, on or off duty by Federal employees is inconsistent not only with the law-abiding behavior expected of all citizens, but also with the special trust placed in such employees as servants of the public.

Federal employees who use illegal drugs on or off duty tend to be less productive, less reliable, and prone to greater absenteeism than their fellow employees who do not use illegal drugs.

The use of illegal drugs by Federal employees in certain positions evidences less than the complete reliability, stability, and good judgement that is consistent with access to sensitive information and creates the possibility of coercion, influence, and irresponsible action under pressure that may pose a serious risk to national security, the public safety, and the effective enforcement of the law.

By the authority vested in me as President, deeming such action in the best interests of national security, public health and safety, law enforcement and the efficiency of the Federal service, and in order to establish standards and procedures to ensure fairness in achieving a drug-free Federal workplace and to

protect the privacy of Federal employees, it is hereby ordered: Federal employees are required to refrain from the use of illegal drugs. The use of illegal drugs by Federal employees, whether on duty or off duty, is contrary to the efficiency of the service. Persons who use illegal drugs are not suitable for Federal employment. 22/

Each service has outlined his individual program in a service regulation. Army Regulation 600-85, titled "Alcohol and Drug Abuse Prevention and Control Program" outlines the Army program. Presently covered under the Army program are special access positions that require certification of personnel reliability. Many of these positions are in the areas of nuclear and chemical surety. Also subject to screening are pilots, mechanics, air traffic controllers, and other personnel responsible for aviation, and air safety. 23/

The Army's drug abuse detection effort focuses on three areas. It helps determine fitness for appointment to or retention in a critical position. It seeks to identify drug abusers and facilitate their enrollment in counseling rehabilitation and medical treatment programs. It strengthens national and department-level security by identifying persons whose drug use could cause disruption of operations, loss or destruction of property, or potential for blackmail leading to unauthorized disclosure of classified information. 24/

ENDNOTES

1. Comptroller General of the United States, Drug Abuse Control Activities Affecting Military Personnel, p. 7.
2. Ibid.
3. Ibid., pp. 7-8.
4. Mark J. Robertson, "A View of the 1984 Strategy For Prevention of Drug Abuse," Government Executive, May 1985, p. 21.
5. Ibid.
6. P. J. Budahn, "Directive to Increase Military Anti-Drug Efforts," Air Force Times, p. 1.
7. Ibid.
8. Ibid.
9. William J. Dess and F. Conrad Cole, "The Medically Evacuated Vietnam Narcotic Abuser: A Follow-up Rehabilitative Study," Bulletin on Narcotics, 29 April 1977, p. 55.
10. "Drug Users-1 in 3 in U.S. Military," U.S. News and World Report, 29 June 1981, p. 10.
11. Royer F. Cook, et al., "An Assessment of Drug Education-Prevention Programs in the U.S. Army, U.S. Army Research Institute for the Behavior and Social Sciences, January 1975, p. 1.
12. Robertson, p. 26.
13. Richard Holloran, "Military Must Test Recruits For Drug Use," Virginia-Pilot Newspaper, 24 December 1960, p. A1.
14. Ibid.
15. John McDonough, The Court Martial of Lester Young, Down Beat, January 1981, pp. 17-19.

16. Holloran, p. A14.
17. Ibid.
18. Ibid.
19. Stephen A. Klatsky, "Civilian Employee Drug-Abuse Testing"  
Defense Management Journal, 3rd Qtr. 1986, p. 42.
20. Ibid., p. 43.
21. Ibid.
22. U.S. Army War College Selected Readings, President Reagan's Executive Order, p. 112.
23. Klatsky, p. 42.
24. Ibid.

## CHAPTER V

### CONCLUSIONS

Drug use in the military has continued its sharp decline since 1980, with less than 9 percent of about 20,000 members surveyed in 1985 reporting that they had used drugs during the previous month. The survey showed that overall drug use for all grades declined from 27 percent in 1980 to 19.9 percent in 1982, and to 8.9 percent in 1985. Comparing the services, the Army reported the highest rate of drug use, followed closely by the Navy and Marine Corps. Air Force members reported the least drug use. The survey showed that younger, unmarried, junior enlisted people were most likely to use drugs and to report that drugs affected their work at least once in a prior 12 month period. Preliminary data show that drug use continued to fall in 1985, apparently because of the services' active urinalysis programs and social pressure on members. 1/

A more recent update showed that only 0.7 percent of Air Force personnel were found to have used marijuana or cocaine during the last six months ending on September 30, 1987. This compared with 1.4 percent for Navy personnel, 1.5 percent for the Marine Corps and less than 2 percent for the Army. 2/

Alcohol continues to be the drug most abused by military people, with 27 percent reporting that their work had suffered during 1985 because of drinking. Still, for all the services, heavy drinking declined from 1982 to 1985, leading to an increase in "moderate" drinking - between one-half and two drinks per day. 3/

Certainly there has been a significant improvement in the Military's drug abuse problem over the years. However, though the percentages of users are low in comparison to the past, there is still room for improvement. Reducing these percentages even more means improving the overall performance of military personnel. In conclusion, drug and alcohol abuse has an impact on national security. Though the use of drugs is prohibited in the military, some military personnel still abuse drugs. Drug abuse causes impairment in the users ability to perform their jobs, thus the security of the nation is jeopardized. The drug problem has been considered a national emergency by Presidents Nixon and Reagan. With due cause, the Department of Defense has directed military departments to give priority to eliminating the drug problem. Drug and alcohol abuse impairs memory and judgement, causes hallucinations and delusions, and diminishes accuracy and muscular coordination. All of these problems inhibit performance by causing lost of duty time, decreased efficiency, poor decision making, injuries and casualties. The end result is that drug and alcohol abuse affects resources, morale, and unit effectiveness.

Our Presidents and the Department of Defense have done a lot to improve the drug and alcohol abuse problem, however there is still need for further improvement. The testing of new armed forces recruits will certainly help, but the problem of drug and alcohol abuse among federal employees also impacts our national security. I support the concept that civilians who hold critical positions should automatically be tested. I also support testing of civilians in non-critical positions who have given their superiors just cause to suspect that they are abusing drugs. With these additional precautions in place, we will be much closer to a drug

free military and civilian workforce and hence our nation will be more secure.

#### ENDNOTES

1. Paul Smith, "Sharp Decline Noted in Military Drug Use", Air Force Times, 24 February 1986, p. 6.
2. Richard Holloran, "Military Must Test Recruits for Drug Use," The Virginia-Pilot Newspaper, 24 December 1987, p. A14.
3. Smith, p. 6.

## BIBLIOGRAPHY

1. Budahn, P. J. "Directive to Increase Military Anti-Drug Effort." Air Force Times, 23 June 1986, p. 1
2. Comptroller General of the United States. Drug Abuse Control Program Activities In Europe, Department of Defense, 1972.
3. Comptroller General of the United States. Alcohol Abuse Is More Prevalent In the Military Than Drug Abuse Department Of Defense, 1976.
4. Comptroller General of the United States. Drug Abuse Control Activities Affecting Military Personnel, Department of Defense, 1972.
5. Cook, Royer F., et al. "An Assessment of Drug Education-Prevention Programs in the U.S. Army ." U.S. Army Research Institute for the Behavior and Social Sciences, January 1975, p. 2.
6. Danovitch, Sylvia "The New Temperance Movement-Americans Set Ground Rules for Drinking ." Policy Review, No. 28, Spring 1984, p. 58.
7. Dess, W. J., and Cole, F.C. "Medically Evacuated Viet-Nam Narcotic Abuser: A Follow-UP Rehabilitative Study." Bulletin on Narcotics, vol. 29, April 1977, pp. 55-65.
8. "Drug Users-1 in 3 In U.S. Military." U.S. News and World Report, Vol. 90, 29 June 1981, p. 10.
9. Encyclopedia Americana. Grolier Inc. Danbury Connecticut: Americana Corp., 1987. Vol. 9, pp. 411-412: "Drug Abuse and Drug Addiction."
10. Encyclopedia Americana. Grolier Inc. Danbury Connecticut: Americana Corp., 1987. Vol. 13, p. 843: "Hashish."

11. Encyclopedia Americana. Grolier Inc. Danbury Connecticut: Americana Corp., 1987. Vol. 14, p. 149-150: "Heroin."
12. Encyclopedia Americana. Grolier Inc. Danbury Connecticut: Americana Corp., 1987. Vol. 18, p. 318: "Marijuana."
13. Fitts, William H., BG. Posture Statement: The Army Alcohol and Drug Abuse Prevention and Control Program. DCSPER, May 1978.
14. Hoggard, Stuart "It's a Real Trip." New Statesman, Vol. 102, 27 November 1981, p. 12.
15. Holloran, Richard. "Military Must Test Recruits for Drug Use." The Virginia-Pilot Newspaper, 24 December 1987, p. A1.
16. Klatsky, Stephen A. "Civilian Employee Drug-Abuse Testing." Defense Management Journal, 3rd Qtr. 1986, p. 42-43.
17. Kolb, D., et al. "Pre-Service Drug Abuse as a Predictor of In-Service Drug Abuse and Military Performance," Naval Health Research Center, 1975.
18. Laurent, Anne. "16,500 Air Force Civilians Could Face Drug Tests This Year" Air Force Times, 22 April, 1987, p. 8.
19. Lubit, Roy and Russett, Bruce "The Effects of Drugs on Decision-Making." Journal of Conflict Resolution, Vol. 28, March 1984, pp. 85-98.
20. McDonough, John "The Court Martial of Lester Young." Down Beat, Vol. 48, January 1981, pp. 17-19.
21. Robertson, Mark J. "A View of the 1984 Strategy For Prevention of Drug Abuse." Government Executive, May 1985, pp. 21-26.

22. Rothberg Joseph M., and Chloupek, Robert J. "A Longitudinal Study of Military Performance Subsequent to Civilian Drug Use." American Journal of Public Health, Vol. 68, August 1978, pp.743-747
23. Smith, Paul. "Sharp Decline Noted in Military Drug Use ." Air Force Times, 24 February 1986, p. 6.
24. "The Military Says "No.\"" Newsweek, 10 November 1986, p. 26.
25. U.S. Army War College. "President Reagan's Executive Order," Selected Reading, Academic Year 1988, Course 2, War, National Policy and Strategy, Vol.1, pp. 112-118.
26. Yager, Joel, et al. "Flashbacks Among Soldiers Discharged as Unfit Who Abused More Than One Drug." American Journal of Psychiatry, Vol. 140, 7 July 1983, pp. 857-861.

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